Performance Measure: ARV Therapy for Pregnant Women	**OPR Measure:** #17
Percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy	
Numerator:	Number of HIV-infected pregnant women who were prescribed antiretroviral therapy during the 2nd and 3rd trimester
Denominator:	Number of HIV-infected pregnant women who had a medical visit with a provider with prescribing privileges[1], i.e. MD, PA, NP at least once in the measurement year
Patient Exclusions:	1. Patients whose pregnancy is terminated 2. Pregnant patients who are in the 1st trimester and newly enrolled in care during last three months of the measurement year
Data Element:	1. Is the client HIV-infected? (Y/N) 2. If yes, is the client female? (Y/N) 3. If yes, was she pregnant during the reporting period? (Y/N) a. If yes, was she on antiretroviral therapy during this reporting period? (Y/N)
Data Sources:	• Program Data Report, Section 5, Item 53 may provide data useful in establishing a baseline for this performance measure • Electronic Medical Record/Electronic Health Record • CAREWare, Lab Tracker, or other electronic data base • Medical record data abstraction by grantee of a sample of records
National Goals, Targets, or Benchmarks for Comparison:	None available at this time.
Outcome Measures for Consideration:	° Rate of perinatal transmission in the measurement year ° Number of events of perinatal transmission in the measurement year

Basis for Selection and Placement in Group 1:

Treatment recommendations for pregnant women infected with HIV-1 have been based on the belief that therapies of known benefit to women should not be withheld during pregnancy unless there are known adverse effects on the mother, fetus, or infant and unless these adverse effects outweigh the benefit to the woman. Antiretroviral therapy can reduce perinatal HIV-1 transmission by nearly 70%.[2]

Measure reflects important aspect of care that significantly impacts survival, mortality and hinders transmission. Data collection is currently feasible and measure has a strong evidence base supporting the use.

US Public Health Service Guidelines:

Health-care providers considering the use of antiretroviral agents for HIV-1 infected women during pregnancy must take into account two separate but related issues:

- Antiretroviral treatment of maternal HIV-1 infection, and
- Antiretroviral chemoprophylaxis to reduce the risk for perinatal HIV-1 transmission

The benefits of antiretroviral therapy for a pregnant woman must be weighed against the risk of adverse

events to the woman, fetus, and newborn. Although ZDV chemoprophylaxis alone has substantially reduced the risk for perinatal transmission, antiretroviral monotherapy is now considered suboptimal for treatment of HIV-1 infection, and combination drug regimens are considered the standard of care for therapy. Initial evaluation of an infected pregnant woman should include an assessment of HIV-1 disease status and recommendations regarding antiretroviral treatment or alteration of her current antiretroviral regimen.

This assessment should include the following:

- Evaluation of the degree of existing immunodeficiency determined by CD4 T-cell count,
- Risk for disease progression as determined by the level of plasma RNA,
- History of prior or current antiretroviral therapy,
- Gestational age, and
- Supportive care needs.

Decisions regarding initiation of therapy should be the same for women who are not currently receiving antiretroviral therapy and for women who are not pregnant, with the additional consideration of the potential impact of such therapy on the fetus and infant.

Further, use of ZDV alone should not be denied to a woman who wishes to minimize exposure of the fetus to other antiretroviral drugs and therefore, after counseling, chooses to receive only ZDV during pregnancy to reduce the risk for perinatal transmission.[1]

References/Notes:

[1]A "provider with prescribing privileges" is a health care professional who is certified in their jurisdiction to prescribe ARV therapy.

[2]Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States (http://aidsinfo.nih.gov/ContentFiles/PerinatalGL.pdf)